

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Lower Southampton Friends of,				
Street Address					
City	Trevose PA 19053				

RECEIVED

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)			Year			Amendment Report	<input type="checkbox"/>	Termination Report
Summary of Receipts and Expenditures	From Date <i>11-28-17</i>	To Date <i>12-31-17</i>	For Office Use Only					

2018 JAN 22 A 8:45
COMMONWEALTH OF PENNSYLVANIA
BOARD OF ELECTIONS

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

*18 day of January 2018**R. Kishan*

NOTARIAL SEAL

NINAH KOSHY, NOTARY PUBLIC
Upper Southampton Twp., Bucks County
My Commission Expires May 9, 2024*Tony Tedeschi*
Signature of Person Submitting Report
TONY TADESCHI

Printed Name

215
Area Code

Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

____ day of ____ 20 ____

____ Signature of Candidate

____ Signature

____ Printed Name

My Commission expires _____

MO. DAY YR.

Area Code

Daytime Telephone Number

SCHEDULE III
Statement of Expenditures

Filer Identification Number:						
To Whom Paid:	<i>Lance Bucks Leadership</i>				Date [MM/DD/YYYY]: <input type="text" value="12-29-17"/> \$ <input type="text" value="5006"/>	
House #:					Description of Expenditure: <i>PAC CLOSED - FUNDS TO LBL</i>	
City:						
To Whom Paid:					Date [MM/DD/YYYY]: <input type="text"/> \$ <input type="text"/>	
House #:	Street Address:					Description of Expenditure:
City:		State:		Zip Code:		
To Whom Paid:					Date [MM/DD/YYYY]: <input type="text"/> \$ <input type="text"/>	
House #:	Street Address:					Description of Expenditure:
City:		State:		Zip Code:		
To Whom Paid:					Date [MM/DD/YYYY]: <input type="text"/> \$ <input type="text"/>	
House #:	Street Address:					Description of Expenditure:
City:		State:		Zip Code:		
To Whom Paid:					Date [MM/DD/YYYY]: <input type="text"/> \$ <input type="text"/>	
House #:	Street Address:					Description of Expenditure:
City:		State:		Zip Code:		
To Whom Paid:					Date [MM/DD/YYYY]: <input type="text"/> \$ <input type="text"/>	
House #:	Street Address:					Description of Expenditure:
City:		State:		Zip Code:		
To Whom Paid:					Date [MM/DD/YYYY]: <input type="text"/> \$ <input type="text"/>	
House #:	Street Address:					Description of Expenditure:
City:		State:		Zip Code:		
To Whom Paid:					Date [MM/DD/YYYY]: <input type="text"/> \$ <input type="text"/>	
House #:	Street Address:					Description of Expenditure:
City:		State:		Zip Code:		